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County Borough of Reading

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1961

By

E. HUGHES, M.D., D.P.H., D.P.A.





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READING EDUCATION COMMITTEE

(as at 31st December, 1961)

HIS WORSHIP THE MAYOR (Alderman John Stanley Woodrow)

Aldermen:

EDWARD ALBERT BUSBY (Chairman)	EDITH ELLA LOVETT (Vice-Chairman)
EDWARD THOMAS WALTHAM	

Councillors:

WILLIAM WYKEHAM EDWARD BADNALL	JOHN REES PRICE
IVY SYLVIA BLAGROVE	GODFREY VINCENT RICKARDS
NORMAN HENRY BROWN	GEORGE FRANK ROBINSON
CHARLES EDWARD BUCK	ROBERT GEORGE FRED STARKS
BARBARA JOAN HUNT	ALEXANDRIA GEORGIA ANDERSON
DENNIS HERBERT CHARLES	STURROCK
JEFFERSON	FRANCIS TAYLOR
GEORGE MACKNESS PETTIT	HERBERT WILLIAMS

Co-opted Members:

The Rev. Father P. A. COLLINS	Mr. E. F. ALLWOOD, J.P., B.Sc.
The Rev. D. T. DAVIES	Mr. V. F. CARTER
The Rev. R. S. PARKES	Mr. W. C. COSTIN, O.B.E.
The Vice-Chancellor, University of Reading	Mr. F. PHILLIPS
(Sir JOHN WOLFENDEN, C.B.E.)	Mrs. H. D. KAY
Professor C. H. DOBINSON	Miss D. M. MILES

STAFF AT 31st DECEMBER, 1961

Principal School Medical Officer:

E. HUGHES, M.D., D.P.H.

Deputy Principal School Medical Officer:

P. K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D(OBST.) R.C.O.G.

Senior Assistant Medical Officer:

H. I. LOCKETT, M.B., B.S., D(OBST.)R.C.O.G., D.P.H.

School Medical Officers:

VIOLET FRASER, M.B., B.S., M.R.C.S., L.R.C.P.

ETHEL AMY FISHER, M.SC., M.B., B.CH., D.R.C.O.G.

A. MARTIN, M.B., CH.B., D.P.H.

I. F. RALPH, M.B., CH.B., D.P.H. (Left 30.9.61)

G. B. GASSON, M.A., M.B., L.R.C.P., M.R.C.S., D(OBST.)R.C.O.G., D.P.H.
(Returned to full-time duty from D.P.H. Course 1.7.61)

Principal Dental Officer:

J. CAMPBELL, L.D.S., R.C.S. (ED).

Superintendent Health Visitor and School Nurse:

Miss M. WEBBER, S.R.N., S.C.M., H.V.

Group Advisors:

Miss J. N. MARSH, S.R.N., S.C.M., H.V.

Miss E. FEW S.R.N., S.C.M., H.V.

School Nurses:

*Mrs. A. ALLISON

*Mrs. K. DULBOROUGH (Part-time)

*Miss J. FIELD (commenced 8.8.61)

*Miss F. GATES

*Miss M. E. GRANT

Mrs. J. GRIFFIN (Part-time)

*Miss S. C. HANSFORD

*Miss B. HEATHCOTE

Mrs. H. KING

Mrs. J. LEWIS (Part-time)

Mrs. E. MABEY

*Miss H. MORTIMER

Miss M. A. PLATT

Mrs. J. PORTER

*Miss J. SMITH

*Miss G. E. THOMAS (commenced 2.1.61)

*Miss B. H. WHITE

*Miss M. J. M. WILLIAMSON

*Combined Health Visiting and School Nursing Duties

Speech Therapists:

ANN ELSBURY, L.C.S.T. (Senior) (Part-time)

DOROTHY THOMAS, L.C.S.T. (Left 18.11.61)

MARGOT LAWRENCE, L.C.S.T. (Part-time)

JULIA MONTEATH, L.C.S.T. (Commenced 14.4.61)

CAROL LEESON, L.C.S.T. (Commenced 1.9.61)

Oral Hygienist:

Mrs. V. TAYLOR

Physiotherapist:

Mrs. M. ANTSCHERL

Chiropodist:

Miss D. LOCKLEY

Clinic Assistants:

Mrs. D. BOXALL

Miss B. J. McMANUS

Mrs. R. NEALE

Senior Clerk:

Mr. N. MASKELL

READING SCHOOL HEALTH SERVICE

To the Chairman and Members of the Education Committee

Ladies and Gentlemen,

I have the honour to present to you my report for the year ended December 31st, 1961. I hope that the report gives members an adequate picture of the wide range of activities undertaken by the School Health Service in spite of the difficulties which we encounter. These difficulties include not only shortage of medical and other staff but also a lack of adequate accommodation in which to carry out medical inspections at school.

I have referred to this matter of inadequate accommodation in my last two reports and I make no apology for raising it again. As an example I would mention the new Manor Junior School. Here the children have got to undress in the entrance hall just inside the main doors and the parents must wait in a corridor. Those members of the Committee who are members of the Local Executive Council will realise full well that such conditions would not be accepted under the National Health Service Act.

It does seem to me a great pity that the Committee is spending such a lot of money on providing new schools and yet the accommodation of the School Health Service is so poor. So far as I know the Ministry of Education has no system whereby schools are inspected to ascertain how new plans are working—certainly no one has been to see me about the adequacy or otherwise of the arrangements made for the School Health Service to function. I would, therefore, ask the Committee to invite representatives from the appropriate department(s) of the Ministry to come down and view these premises *in situ* so that they can see for themselves how unsatisfactory they are.

I must refer to one matter which has caused great sadness to us all which occurred in May 1962—although it is outside the period covered by this report. I refer to the death of Mr. P. S. Taylor, our Chief Education Officer. Mr. Taylor and I worked together very closely for many years and our relations were always most happy. I am sure it was due to him that we get such excellent help from the school teachers and all members of the Education Department. My earnest hope is that his successor will follow the tradition which was laid down so firmly by Mr. Taylor.

To my own staff I must express my appreciation of the hard work they have done during the year. It has been a busy year because of the calls upon their time but they have carried out their duties cheerfully.

I am,

Your obedient Servant,

E. HUGHES,

Principal School Medical Officer

ESTIMATE OF THE NUMBERS OF CHILDREN BETWEEN THE AGES OF 5 AND 15 YEARS
IN EACH OF THE NEXT FIVE YEARS

	Between 14 & 15	13 & 14	12 & 13	11 & 12	10 & 11	9 & 10	8 & 9	7 & 8	6 & 7	5 & 6	Total	Increase	Decrease	Cumu- lative incr. or decr.
31st Aug., 1961	2,128	1,887	1,826	1,719	1,690	1,699	1,658	1,613	1,644	1,687	17,551	—	—	—
31st Aug., 1962	1,887	1,826	1,719	1,690	1,699	1,658	1,613	1,644	1,687	1,781	17,204	—	347	—347
31st Aug., 1963	1,826	1,719	1,690	1,699	1,658	1,613	1,644	1,687	1,781	1,768	17,085	—	119	—466
31st Aug., 1964	1,719	1,690	1,699	1,658	1,613	1,644	1,687	1,781	1,768	1,868	17,127	42	—	—424
31st Aug., 1965	1,690	1,699	1,658	1,613	1,644	1,687	1,781	1,768	1,868	1,912	17,320	193	—	—231
31st Aug., 1966	1,699	1,658	1,613	1,644	1,687	1,781	1,768	1,868	1,912	1,982	17,612	292	—	+61

SCHOOL CLINICS

Queen's Road Clinic

Special Examinations and Minor Ailments	Monday and Friday, 9 a.m.–10 a.m.
Ultra-Violet Light Therapy	Tuesday, 2.30 p.m., Friday, 10.30 a.m.
Chiropody Clinic	Friday, 10.30 a.m.

Whitley Clinic

Special Examinations and Minor Ailments	Monday and Friday, 9 a.m.–10 a.m.
Ultra-Violet Light Therapy	Monday and Wednesday, 11.30 a.m.

Ashmead School Clinic

Special Examinations and Minor Ailments	Friday, 2 p.m.–3 p.m.
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Emmer Green School Clinic

Special Examinations and Minor Ailments	Friday, 9 a.m.–10 a.m.
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Geoffrey Field School Clinic

Special Examinations and Minor Ailments	Wednesday, 9 a.m.–10 a.m.
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Grovelands School Clinic

Special Examinations and Minor Ailments (for Battle S. School)	Monday, 9 a.m.–10 a.m.
Special Examinations and Minor Ailments (for Battle S. School).	Friday, 9 a.m.–10 a.m.

Hill School Clinic

Special Examinations and Minor Ailments	Wednesday, 9 a.m.–10 a.m.
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Hugh Faringdon School Clinic

Special Examinations and Minor Ailments	Thursday, 9 a.m.–10 a.m.
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Kendrick School Clinic

Special Examinations and Minor Ailments	Wednesday, 9 a.m.–10 a.m.
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St. Michael's School Clinic

Special Examinations and Minor Ailments	Wednesday, 9 a.m.–10 a.m.
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Southcote Primary School Clinic

Special Examinations and Minor Ailments	Tuesday, 9 a.m.–10 a.m.
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Stoneham School Clinic

Special Examinations and Minor Ailments	Tuesday, 9 a.m.–10 a.m.
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Tilehurst Clinic

Special Examinations	} By appointment
Ultra-Violet Light Therapy	

Westwood School Clinic

Special Examinations and Minor Ailments	Monday, 9 a.m.–10 a.m.
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Dental Clinics

Queen's Road Clinic
Tilehurst Clinic

Speech Therapy Clinics

Ashmead School	1 Session	Grovelands School	2 Sessions
The Avenue School	4 "	The Hill School	1 "
Battle School	1 "	Katesgrove School	$\frac{1}{2}$ "
Caversham Nursery School	$\frac{1}{2}$ "	Queen's Road Clinic	4 "
Caversham Primary School	1 "	Ridgeway School	$\frac{1}{2}$ "
Caversham St. John's School	$\frac{1}{2}$ "	St. Michael's School	1 "
Coley Primary School	1 "	Southcote Clinic	1 "
Emmer Green School	1 "	Southcote School	1 "
E.P. Collier School	1 "	Tilehurst Clinic	1 "
Geoffrey Field School	3 "	Whitley Clinic	2 "
George Palmer School	2 "	Wilson School	1 "
Also Wakefield Lodge Junior Training Centre 1 Session			

MEDICAL INSPECTIONS

The arrangements for routine and special medical inspections were discussed at some length in last year's report, and, as the organisation of these has not changed during 1961, it is not proposed to elaborate this section here.

During the year the School Medical Officers were responsible for the examination of 6,262 pupils at periodic medical inspections, compared with 6,459 in the previous year. In addition, 1,605 children were re-inspected or were seen at special inspections at the request of the parents, teachers, school nurses or school welfare officers. Of the 6,262 pupils seen at routine examinations, the general physical condition was regarded as satisfactory in 99.9%, the same figure as last year. It is worth noting that no child under the age of 11 years was found to be of unsatisfactory general condition.

It was mentioned in last year's report that the number of "eye sweeps" was being increased, in order to give a more complete cover throughout school life. The following figures illustrate the value of such tests:

School Nurses' Eye Sweep, Autumn Term 1961

Number of children tested at 7 years of age	507
Number of defects found	25 (4.9%)
Number of children referred to hospital clinic or optician	9
<hr/>	
Number of children tested at 8 years of age	461
Number of defects found	20 (4.3%)
Number of children referred to hospital clinic or optician	10
<hr/>	
Number of children tested at 9 years of age	485
Number of defects found	13 (2.7%)
Number of children referred to hospital clinic or optician	10
<hr/>	
Number of children tested at 13 years of age	539
Number of defects found	37 (6.9%)
Number of children referred to hospital clinic or optician	16

Of the 1,992 children tested in these four sweeps, 95, i.e. 4.8% were found to have a defect of distant vision, as a result of testing with Snellen's test types. Of these 45, i.e. 2.3% of the children tested, were referred immediately for specialist examination. Those who were not referred would be seen again later for a further test by the school nurse.

With regard to hearing the sweep testing of infant school children continued on the same lines as described in the 1960 report, and the statistics relating to this work are as follows:—

It will be noted that approximately 11% of children tested failed the sweep test in school, compared with 10% last year.

Audiometric Survey of Children in Infants' Schools 1961

<i>Children Tested</i>	<i>Entrants</i>	<i>Retests</i>	<i>Total</i>
Number tested	1,592 (842 boys) (750 girls)	1,784 (945 boys) (839 girls)	3,376
Number failing sweep test (i.e. no response at 20 db. at any one frequency in either ear)	178 (103 boys) (75 girls)	139 (83 boys) (56 girls)	
Per cent failing sweep test	11.2		

Disposal

a. Treated and kept under observation by S.M.O.	63	36
b. Referred to G.P.	3	1
c. Referred to E.N.T. surgeon or receiving treatment at R.B.H.	52	46
d. Awaiting examination by S.M.O. (includes D.N.A.s)	39	26
e. No significant abnormality found on further examination	21	30

The special register of children suffering from each of the four conditions, asthma, epilepsy, heart disease and obesity, has been continued on the lines described previously.

Asthma

In all, 132 children were noted to suffer from asthma. Two of these are at residential schools, one is having home teaching, and the remainder attend ordinary schools.

Epilepsy

There are under observation 36 pupils who are known to have had epileptic seizures. In 19 of these the attacks have taken the form of *grand mal*; the others suffered from *petit mal*, or minor epilepsy.

In many of these children the attacks have been mild and infrequent or readily controlled by anticonvulsant drugs and they have been able, with the generous co-operation of their teachers, to continue their education in ordinary schools. Fourteen of the more severely affected children attend the Avenue School where the careful supervision possible in a school of this type has been helpful in curtailing the frequency and severity of the seizures. Four of the children are so severely affected by their epilepsy that it is necessary for their education to take place in a residential school. One epileptic child has been having home teaching during the year.

Heart conditions

Thirty-six children were noted to have some abnormality of the heart. One attends the Avenue School and one is receiving home teaching; the remainder are not incapacitated to a serious extent and they attend ordinary schools.

Analysis of the diagnoses shows that 11 have various forms of Congenital Heart Disease, 6 have Rheumatic Heart Disease and the others have systolic murmurs or

slight abnormalities of pulse rhythm which are probably not significant of disease but which require observation.

Obesity

There were 115 children who were, in the opinion of the school medical officers, so overweight as to require special observation and treatment. Three of these attend the Avenue School and the rest are in ordinary schools.

Medical examinations for fitness for employment

During the year, 742 children, 530 boys and 212 girls, were medically examined by the school doctors for suitability for part-time employment under the Children and Young Persons Act, 1933. Six boys and one girl were found to be unfit for employment on medical grounds.

HANDICAPPED CHILDREN

These are children who because of some disability of mind or body require special methods of education, either in separate or special schools or in ordinary schools if this is possible. The Authority is required to ascertain the children in their area who need such special educational treatment and the comprehensive Register of all handicapped and potentially handicapped children from birth onwards which has now been built up in the Health Department will undoubtedly greatly facilitate this work.

Apart from this matter of ascertainment, the most important duty of the School Medical Officer in connection with these children is that of ensuring that they obtain, and benefit to the maximum possible extent from, appropriate medical and surgical treatment to help overcome the handicap and to minimise its adverse effects on their educational progress.

The ten categories of children to be considered have been defined in the School Health Service and Handicapped Pupils Regulations, 1953.

(a) Blind Pupils

Pupils who have no sight or whose sight is, or is likely to become so defective that they require education by methods not involving the use of sight. There is one child of school age on the register. It is a girl of 10 who is at present resident at Rushton Hall School, Leamington Spa. There is one other child, a boy of pre-school age, who is also on the blind register.

(b) Partially-sighted pupils

Pupils who by reason of defective vision cannot follow the normal regime of ordinary school without detriment to their sight, or to their educational development, but can be educated by special methods involving the use of sight. The special methods may include the use of optical aids such as large magnifying lens, good diffuse lighting and specially printed books.

There are 10 children on the register, 5 boys and 5 girls. Four girls are resident at Barclay School, Sunninghill; the other child also suffers from asthma, and is at present in Peppard Chest Hospital where she attends school. Three boys are at the Brighton School for partially-sighted pupils and one is at ordinary school. The other, a six year old boy, is at present having home teaching (he is also epileptic).

(c) **Deaf and Partially-deaf children**

Mr. Daniel Ling reports as follows:—

Children in Special Schools

There are three boys now attending residential schools for the deaf and two girls attending residential schools for the partially deaf. Of these children, two of the boys, I.B. and J.G. were transferred from the special classes; the former was placed in a residential school because home circumstances were too difficult to allow him to progress locally, and the latter was simply too deaf to benefit from treatment in the special classes. The parents of the third boy, P.B., moved to the borough after his admission to a school for the deaf and he remains at this school in accordance with the parents' wishes. Both partially deaf girls are due to leave their school at Easter 1962, and training courses in copy-typing are now being arranged for them as part of the Welfare scheme for partially deaf school-leavers.

*Children admitted to and transferred from the special classes
(November 1955 – December 1961)*

Name	D/B	Present Deafness in better ear	Grade on admission	Admitted	Transferred
R.A.	17.11.52	80 db h/f	II	9.9.60	
T.A.	19. 5.47	60 db h/f	IIb	16.4.56	8.9.58
A.A.	14.11.48	100 db	III	22.6.59	27.7.61
I.B.*	3. 3.56	100 plus	III	10. 4.60	12. 1.61
G.B.	11. 8.54	90 db	III	10. 4.59	
D.B.	6.10.52	55 db h/f	IIb	6. 9.60	12. 9.61
C.B.	14. 4.48	100 db	III	10. 1.56	7. 9.59
N.C.	23. 3.50	60 db h/f	IIb	8. 9.57	26. 4.60
B.D.	23. 3.49	50 db h/f	IIb	23. 1.56	10. 9.56
J.D.	6. 1.52	50 db h/f	IIb	11.11.57	7. 1.59
M.E.	28. 2.50	50 db	IIb	14. 4.59	19. 9.61
A.E.	28. 3.53	90 db	III	9. 9.58	
F.F.	29. 3.54	80 db	III	9. 9.59	
M.G.	25. 5.51	55 db h/f	IIb	27.11.61	
L.G.	29. 1.48	20 db	IIb	10. 9.56	7. 1.58
E.G.	4. 1.49	85-90 db	III	14.11.55	7. 9.59
J.G.*	7. 4.52	sub-total	III	7. 1.59	7. 1.60
S.G.	15. 9.52	50 db h/f	IIb	8. 9.58	7. 1.60
R.H.	1.12.50	95 db	III	8. 9.58	
J.H.	19. 7.57	70 db ?	III	9. 9.61	
K.H.	24. 5.53	85-90 db	III	9. 1.59	
P.H.	9. 8.55	55 db h/f	IIb	1. 7.61	20.12.61
T.H.	9. 4.50	50 db	IIb	18. 9.56	14. 4.59
R.L.	15.11.45	45 db	IIb	23. 1.56	10. 9.56
S.L.	18. 5.56	100 db plus	III	9. 1.61	
P.M.	24.12.53	65 db	II	9. 9.61	
D.M.	20. 3.53	60 db flat	III	9.1.60	
J.N.	9. 9.47	65 db h/f	IIb	14.11.55	27. 2.57
C.N.	25.12.49	Nil	IIb	6. 6.57	27. 4.58
M.O'B.	1. 4.47	50 db	IIb	14.11.55	8. 9.58
M.O'R.	2. 2.55	80 db	IIb	9. 7.60	
S.P.	14. 5.53	60 db	III	7. 1.58	8. 9.60
W.P.	15. 3.52	30 db (v'ble)	IIb	1. 6.58	9. 1.59
N.Q.	26. 6.52	60 db h/f	IIb	9. 9.61	
K.R.	3. 3.50	30 db	IIb	7. 1.58	7. 9.59
P.S.	4. 6.50	nil	IIb	21. 2.57	7. 1.58
A.S.	17.11.46	75 db h/f	III	10. 1.56	8. 9.58
M.S.	18. 9.55	85 db	III	9. 9.59	
P.S.	9.11.49	70 db	III	8. 9.58	12. 9.61
J.S.	2.12.47	30 db	IIb	3. 2.58	25. 7.58
J.S.	27.12.49	60 db h/f	IIb	9. 9.57	27. 9.61

*I.B. and J.G. transferred to schools for the Deaf

The above table provides detailed data on admissions to and transfers from the special classes. In all, 40 cases have been admitted during the period 1955-1961. Two cases, as mentioned above have been transferred to special schools. Twenty-five have been transferred to ordinary classes and thirteen remain in the special classes.

It can be seen that children with hearing losses of less than 70 decibels over the speech range of frequencies have been returned to normal classes fairly speedily, but children with hearing loss greater than 70 decibels have required up to three years intensive help before being enabled to benefit from work in an ordinary class. Of those children returned to ordinary classes, only the less severely deaf children are able to manage at all well without special help. With the rather unfortunate shortage of staff suffered during the year 1960-1961 only a bare minimum of special teaching has been afforded to the more severely deaf children returned to normal schools. The above table shows that, as time has passed, the average hearing loss of children attending the special classes has increased. There are three reasons for this. Firstly, the more severely deaf children tend to stay longer in the units. Secondly, the children who have been admitted recently are more handicapped. The third factor is that cases of conductive deafness no longer require special educational treatment. Such cases are detected early in life (either through the Health Visitor Survey or the Sweep frequency screening of all five-year-olds) and treatment at the Royal Berkshire Hospital and educational follow-up of the children in their normal classes ensures that such children do not become sufficiently retarded to justify full-time special educational help.

Causes of deafness among children admitted to the special classes were as follows:—

Familial	9
Maternal Rubella	3
Haemolytic disease	5
Anoxia	1
Birth Injury	4
Virus Infection	1
Middle ear infection	7
No known cause	10

The special classes, as envisaged in the early stages, fulfil a very necessary diagnostic function. It is impossible on the basis of hearing loss alone to classify a child as either "deaf" or "partially deaf" and full-time special education for a period in the special classes is an ideal way to determine, empirically, to which group children belong. Only those children who demonstrate that they are capable of benefiting from an auditory education can be classified as "partially deaf" and remain in the special classes. Up to the present time most children with losses up to and including 100 decibels fall into this group but there are probably children with less hearing loss than this, probably with an overlay of neurological difficulty, who cannot learn to use residual hearing.

Pre-school Children with Defective Hearing

Five pre-school children have received attention during the year 1960/61. These will be discussed in detail. K.B. is the first child of deaf and dumb parents. Discovered through the "at risk" register we were able to start home-training at four months of age. Fortunately the child is not profoundly deaf and clearly benefits from a hearing aid. In this case a lay person, the mother of another deaf child, has been employed to work with the child and his mother in the home for up to three hours each day, under the guidance of a teacher of the deaf. This scheme has met with some success in so far as the child is beginning to communicate by speech with hearing people but in spite of great effort, those concerned have not been able to persuade the mother to

communicate with the child. Since the child is in a non-oral environment for the greater part of his life, progress is slow.

J.C. is a similar case. From early infancy he received similar attention but at the age of two years he was transferred to an ordinary nursery school where he received full-time help from a Nursery Nurse under the guidance of a Teacher of the Deaf. This boy has developed a little understanding of speech and can say a few approximate words but his home environment, with deaf and dumb parents, has limited his progress. This child is also profoundly deaf and he is unlikely to be able to benefit from continued help in the special classes. His admission, in January 1962, will probably confirm this view. The individual help afforded to this boy has achieved less than we hoped and it would not appear to be worthwhile to make similar provision for future children of deaf and dumb parents unless (a) the child has considerably more hearing than this one and (b) the parents are sufficiently interested in the use of hearing to wear a hearing aid themselves (if their hearing justifies this) or to use speech to the child in the home as a matter of course.

S.L. is a girl who, at just over two years of age, appears to be profoundly deaf. This child is fostered in the borough by the London County Council and was diagnosed as deaf at a few months of age. No significant advance has yet been made in dealing with this case.

I.R. is the only straightforward pre-school child we have with defective hearing. His hearing loss averages 90 decibels in the better ear. His parents moved to the borough to obtain special educational help for him when he was two years old. After rather unsuccessful parent guidance work for a few months he was admitted to the normal nursery school to receive help from the Nursery Nurse dealing with J.C. under the guidance of a teacher of the deaf. This has proved very effective and the child has developed a considerable amount of speech and understanding. He is due to be admitted to the special nursery class in January 1962.

R.A. is a very handicapped partially deaf child who suffers from *petit mal* and has had long periods of severe illness. For some time he was well enough to wear a hearing aid and, with excellent co-operation from the parents, he was able to learn a few words. Recent illness has prevented further advance.

The use of hearing aids

In addition to the 50 children mentioned above who are receiving, or have received, special educational treatment, there are 24 children in ordinary classes wearing hearing aids. Shortage of staff has made it difficult to check efficiency in the use of these aids more than once during the year, although any trouble with the aids reported by the head-teachers has been attended to. The most difficult problem in the effective use of hearing aids has been ill-fitting earmoulds. This has become increasingly obvious as more and more powerful aids are used with cases of very severe deafness. It is essential that earmoulds fit perfectly if acoustic feed-back is to be avoided, and if the required intensity is to be provided for the more severely deaf children. A questionnaire circulated among parents in September showed that a total of 102 National Health Service earmoulds had been made for seventeen children over a period of two years. Of these only 28 were satisfactory and 38 were so poor that they could not be used at all. Five of these children were prevented from making the most of their hearing over this whole two-year period because satisfactory earmoulds could not be provided. Furthermore, 15 of the 17 children sustained cuts and bruises from the use of National Health Service earmoulds. This position was very discouraging for both the teachers and parents, for the effective use of hearing is essentially the core of our work at all stages. To overcome these difficulties we experimented with soft acrylic moulds made by Messrs. Anatomical Plastics from impressions taken with K21 impressioning plastic used by the teachers. Of the first 30 earmoulds received 26 were completely satisfactory and the remaining children were satisfactorily fitted at the second attempt. With the kind co-operation of Mr. R. Hunt Williams, Consultant Otologist at the Royal Berkshire Hospital, we are

now able to obtain these soft acrylic earmoulds through the National Health Service. Since approval from the Ministry of Health is required for each particular earmould made in this way, however, the provision of these earmoulds through the hospital channels is subject to a great deal of delay. Such delay is very costly in that much of a teacher's time can thus be wasted and the child's progress retarded. The soft acrylic earmoulds also have the advantage that they can be re-fitted by using a coating of another plastic, R.T.C.60, and this can be applied at any time by the teacher of the deaf. Since the finish of the earmould thus coated is not so smooth as the initial earmould this process is avoided as far as possible, or used only as a temporary fitting until a new earmould can be supplied.

Results of Pre-school Survey

This survey is carried out mainly by the Health Visitors, who use the Questionnaire described in last year's report.

All cases referred were tested by the teachers of the deaf. The results are as follows:—

Referred by:	Defective Hearing	Normal Hearing
Doctors . . .	2	12
Health Visitors . . .	4	18
Teachers . . .	1	1
Total . . .	7	31
	—	—

(d) **Educationally Subnormal Pupils**

Pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education given in ordinary schools. At the end of the year there were 148 pupils classified as Educationally Subnormal, 97 boys and 51 girls. Six of these were at residential special schools and 1 boy was on the waiting list for such placement. There were also 2 boys and 1 girl on the waiting list for the Avenue School.

During the year 33 children suspected of being educationally subnormal or in serious educational difficulty were examined by the "approved" Medical Officers. In each case the examination consisted of an intelligence test, at least one performance test, and a medical examination. The following list gives the results of the assessments of these children:—

	Boys	Girls
Recommended for day special school . . .	15	9
Recommended for residential special school	2	1
Recommended for remedial teaching at ordinary school	2	1
Reported to the L.H.A. under Section 57 of the Education Act as being incapable of benefiting from education at school	3	—

(e) **Epileptic Pupils**

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other people. A note of these pupils has been given above in the section on medical inspections.

(f) Maladjusted Pupils

All children seen at Reading Borough Child Guidance Clinic January 1st, 1961—December 31st, 1961.

No. of cases brought forward from 31.12.60	177
No. of new cases referred	66
No. of cases re-opened during the period	4
Total number of cases seen for Consultation and Treatment	161
No. of cases closed	43
After Consultation and Advice only	—
Improved	25
No Change	4
Transferred for Hospital Treatment	2
Prematurely Closed	7
Not seen	3
After Social Work only	2
No. of interviews:—	
For Psychiatric Examination	63
For Intelligence Test	63
For Treatment	486
No. of P.S.W. and S.W. Interviews	687
No. of children admitted to Hostels for Maladjusted Children	4
No. of children discharged from Hostels for Maladjusted Children	5
No. of children in Hostels on 31.12.61	6

Sources of Referral, Child Guidance Clinic cases, January 1st, 1961 – December 31st, 1961

School Medical Officers	20
General Practitioners	25
Educational Psychologist	1
Court	10
Hospitals and other Psychiatric Clinics	10
	—
	66
	—

(g) Physically Handicapped Pupils

Pupils who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools. Only 6 children needed residential schooling. A further 55 pupils, 38 boys and 17 girls attend the appropriate department of the Avenue School or have received home teaching. These children suffer from a great variety of defects, many of which are congenital. The commonest abnormalities are cerebral palsy and congenital heart disease and many of the others have orthopaedic defects.

(h) Pupils suffering from Speech Defects

Mrs. A. C. Elsbury, Senior Speech Therapist reports:—

Two hundred and ninety-three children, 211 boys and 82 girls, attended for speech therapy during 1961.

168 cases of dyslalia

7 cases of dyslalia due to hearing loss

- 29 cases of retarded speech development
- 56 cases of stammering
- 10 cases of stammering plus dyslalia
- 10 cases of cerebral palsy
- 5 cases of cleft palate
- 8 cases of disordered vocal resonance
- 115 were discharged cured or greatly improved
- 12 were discharged for non-attendance
- 7 left school before treatment was completed
- 4 left district before treatment was completed
- 155 continued into 1962

Clinics were held at the Queen's Road, Coronation Square, Tilehurst and Whitley Clinics, and at The Avenue, The Hill, Emmer Green, Caversham Primary, Caversham St. John's, Caversham Nursery, Coley, Southcote, St. Michael's, Grovelands, Geoffrey Field, Ashmead, E.P. Collier, George Palmer, Battle, Wilson, Katesgrove and Ridgeway Schools, and at Wakefield Lodge Junior Training Centre. Time was set aside for school and home visiting and interviews.

We were pleased to welcome two new members of staff during the year—Miss Julia Monteath, who rejoined us after a break of four years, and Miss Carol Leeson.

During September and October 1961 we were in the fortunate position of having an extra full-time therapist and this presented the opportunity to attempt some sort of project appertaining to speech therapy. After much consideration, we decided to make a survey of children who had been discharged from the speech clinic during the past five years, with the object of ascertaining whether or not their treatment had produced permanent effects. It was impossible to see every child who had been discharged as many had left school or the district, but more than two-thirds of the total number were interviewed.

I should like to thank all members of the speech therapy department for the tremendous amount of work put into this survey. I should also like to extend these thanks to the Records department at Bristol and West House, which was invaluable to us in tracing the children to be interviewed, and the members of staff in the schools we visited, who were most helpful and co-operative.

Results of Survey of Children Discharged from Speech Therapy from 1956 to 1961

Two hundred and forty-five children were surveyed—69 girls and 176 boys.

Dyslalia

- 198 cases of dyslalia—60 girls and 138 boys
- 174 discharged cured or improved
- 23 discharged for non-attendance
- 1 discharged for lack of progress

Of those discharged as cured or improved:—

- 144 now have normal speech
- 26 have regressed slightly but are still within normal limits
- 4 require further treatment

Of those discharged for non-attendance:—

- 11 now have normal speech
- 9 have slightly defective speech
- 3 have been re-admitted

The child discharged because of lack of progress still has very defective speech.

Retarded Speech

- 2 cases of retarded speech—2 boys.
- 2 discharged cured, and normal speech maintained.

Stammering

- 28 cases of stammering—5 girls and 23 boys
- 23 discharged cured or improved
- 3 discharged for lack of progress
- 2 discharged at own request

Of those discharged cured or improved:—

- 16 have maintained their improvement
- 4 have near normal speech
- 3 have regressed and need further treatment

Of those discharged for lack of progress:—

- 2 have the same degree of disorder
- 1 has improved considerably

Of those discharged at their own request:—

- 1 has maintained the improvement gained during treatment
- 1 is in need of further treatment

Stammering plus dyslalia

- 6 cases of stammering plus dyslalia—6 boys
- 6 discharged improved or cured

Of these:—

- 4 now have normal speech
- 2 have regressed and need further treatment

Cleft Palate

- 5 cases of cleft palate—2 girls and 3 boys
- 4 discharged improved or cured
- 1 discharged for lack of progress

Of those discharged improved or cured:—

- 4 have maintained their improvement
- The child discharged for lack of progress still has grossly defective speech, but is further handicapped by mental retardation.

Defective Nasality

- 4 cases of defective nasality—2 girls and 2 boys
- 4 discharged improved or cured
- All now have normal or near normal speech.

Dysarthria

- 1 case of dysarthria—1 boy
- Discharged with maximum improvement attained
- Slight deterioration due to progressive disease.

Stammering plus excessive nasality

- 1 case of stammering plus excessive nasality—1 boy
- Discharged improved
- Improvement maintained.

The results of this survey have shown that in the great majority of children who have been discharged as cured or improved, the results of treatment have been permanent. It is inevitable, particularly in so far as stammering is concerned, that there will be a certain number of children whose speech is likely to regress, but it has been most encouraging to note that the percentage of children in need of further treatment is so small.

(i) **Delicate Pupils**

Pupils who by reason of impaired physical condition need a change of environment, or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools. Four of the children in this category are at residential schools while another is on the waiting list for such. A further 13, 5 boys and 8 girls, attend the appropriate department of the Avenue School.

The general health of the children in the Delicate Department has been maintained at a good level. Physiotherapy has played an important part in helping cases of Asthma and Bronchiectasis to improve. Special emphasis has been given to cases with poor posture. Where necessary, the diet has been adjusted to help those under weight. Behaviour disorders in association with epilepsy have been improved by suitable anti-convulsant therapy. The latter has been particularly important in helping the child gain full benefit from teaching.

The Avenue Special School and Home Teaching for Handicapped Pupils

Mr. G. Ross, M.A., Headmaster, has been good enough to supply the following comments:—

The spectator is said to see more of the game than the player. This report is again an effort to simulate the functions of the observer whilst being the player, or perhaps combine the observations of both.

The observer would likely be unimpressed by the old part of the school but be agreeably surprised at the adaptation of what is there. The outside of the decrepit old hut that constitutes the art room is depressing; the inside is a joyful panorama of colour in painting and pattern, delightful fabric printing and modelling. Or perhaps he might see a three course dinner prepared by the girls at housecraft, or admire the splendid fruit cakes so delightfully decorated at Christmas, or show surprise at the boys with large decorated tins firmly tucked under their arms in which are treasured cakes on their way home to impress mother. And how boastful would the boys be of the school garden. Perhaps the visit may coincide with the aftermath of a hard football match, and he hears the healthy chatter of the teams in the shower bath, and he might recognise that by housecraft and by games is cleanliness induced. He would certainly be almost startled if on any Tuesday he accompanied the children to Arthur Hill Baths, from the instruction at which never fewer than thirty swimming certificates are awarded. The freedom of discipline, the ease of approach may come as a surprise, and he may have to be told that the object of it all may be expressed—in a parody of the poet—"Be good, let those who will be clever". Or is the modern term motivation more explanatory?

Within the school we know the results are improved cleanliness and personal pride and whether coincidental or significant as a direct result of the concentration of all services connected with the child, the year has been almost completely free of youthful delinquency or reprehensible behaviour outside school.

Parents too have this year expressed their appreciation more liberally than before. This growing trend in co-operation we hope will dispel eventually much of the misunderstanding about the school.

There has been a slight increase in admissions to the department for physically handicapped children and few leaving or being transferred out of the school. The senior boys and girls have adopted a ship, *M.V. Lindenbank*, the voyages of which in

the India and China seas are explorations into strange parts in stranger lands. Three children from the spastic group were moved to mixed classes and the appropriateness of the change has been established by continually improving work and broadening interest. Arrangements were made for the further full-time education of a handicapped boy at the Technical College and a girl chose to develop a very individual home enterprise.

The school garden, in this third year of taming the former wilderness, produced in abundance the rewards of the teachers' planning and the boys' enthusiastic work. Their keenness is exemplified in the need to arrange a roster of volunteers during the mid-day break. A large greenhouse and two huts have been erected and the laying of concrete paths is so advanced that the ultimate plan is clearly visible. But these are but ancillaries to the study and the growth of flowers, fruits, and vegetables—and what a magnificent harvest of chrysanthemums was there last autumn!

In a year when a larger number than usual left school on attaining the age of sixteen years an indication of how former pupils started their working lives is appropriate. For their settlement, after considerable thought and a succession of interviews, we are indebted to the Youth Employment Officers.

Easter 1961

Boys

Printing machinist
Painter's mate
Shoe repairer

Girls

Laundry work
Needlework
Sales assistant

Summer 1961

General hand on tug
Thames Conservancy
Apprentice Coach builder
3 van boys
1 boy commercial course at
Reading Technical College

Sales girl
Factory hand

Christmas 1961

Stores boy
2 gardeners
Garage hand
Coach spraying

Laundry hand
Bookbinding
Packing
Machinist

One girl returned to London and another chose to make her home the centre of an individual enterprise. For a very unsettled boy further training was recommended and another lad was too severely handicapped for employment to be considered.

Continuation classes on Monday and Friday evenings for all who have left school and wish to improve their educational ability are available at the Technical College and the teacher from this school who is in charge can be a help in many other directions to the boys and girls in their early adult days.

Home Teaching

Children whose ages ranged from five to sixteen, of greatly varying mental capabilities and with a great diversity of handicaps including epilepsy and brain damage have been taught in their homes. Teaching has continued in the children's wards of Battle and the Royal Berkshire Hospitals. One boy was taught in the men's ward of Blagrove Hospital and a correspondence course was arranged for a boy, suffering from an infectious disease, who was isolated in Park Hospital.

The approach to each child must be a highly individual one and the methods used often unorthodox. Such is the case of a six year old boy, an epileptic with little

sight. He was a timid, insecure and frightened child who had never been in a room without a parent present until home teaching began. At one time this child was registered as blind and he had been treated as blind and helpless by his family. As he has gained in self confidence so has his eyesight improved. He can now hold a pencil and draw, form some letters, read numbers, splash paint on paper with great enjoyment, play naughts and crosses, dominoes and complete a simple jig-saw puzzle. A great curiosity is being awakened in him and he is now learning to use his other senses to augment perception. A picture language, based on isotype (the international picture language) is being built up. A number of pictures can already be recognised. Progress for such a child cannot but be slow. The advances made in one year are encouraging—he now refers to the pre-home teaching era as “when I was blind !”

It sometimes becomes apparent when a child is being taught at home that he has been experiencing difficulties at school. Not just the problem of making up ground lost during previous illnesses, which itself can create an impression of backwardness and lead to frustration and unhappiness, but the deeper the difficulty of adjustment to school life. A fourteen year old boy, who had had poliomyelitis at the age of three, was taught at home following an operation on his paralysed leg. He had missed much schooling and was resentful of his permanent position at the bottom of the class. He read with great hesitancy and uncertainty and he had no understanding of numbers and most of what he wrote was unintelligible. Certain ingenuity was needed to gain his confidence. It was discovered, however, that he was an ardent fisherman and through a study of the river Thames and the biology of fish and other aquatic life and by visits to the river and a nearby pond he became more receptive. It was possible for this boy to be transferred to a special school where he can be helped with his many difficulties. This case, where a child's attainments lagged well behind his potential, is far from being an isolated one. A thirteen year old boy of average intelligence with an apparent disability in reading was taught by one home teacher for two terms. He now reads fluently and has returned to school with a great sense of achievement. It may well be one of the compensations of an accident or an illness that a child can receive individual tuition.

A child may have no problems but the freedom of the home teacher to teach through a child's interests may mean his attaining greater proficiency in one subject or acquiring a new skill and so returning to school with confidence.

In two instances when home conditions proved unsuitable for home teaching, use has been made of an available room in a clinic for lessons. A boy of thirteen, who had suffered multiple injuries in a street accident, was taught in Battle Hospital, later in Blagrove Hospital, and then in his home with no success. He became much more alert and approachable when taught in a local clinic. He has now returned to hospital and has relapsed into his former disinterested and sometimes morose state of mind.

Children who have been confined to hospital or home for long periods can become withdrawn and detached from the outside world. A cheerless twelve year old girl was taken in the home teacher's car for the first visit of her life to a post office, sorting office, telephone exchange, museum, railway station. It was a pleasure to see the joy that came from her widening horizons.

The child whose duration of life is limited presents perhaps the greatest of challenges to the home teacher. The time that is left must be enriched and lived to the full. Teaching a nine year old girl suffering from leukaemia was a rewarding experience. Many exciting and happy hours were spent with her and at the end there was a deep feeling of privilege that the home teacher had been allowed to share the joys of the closing days of this girl.

Thirty-four children were taught in hospitals, eighteen at home and two at Mockbeggar Hostel.



PHYSIOTHERAPY FOR CEREBRAL PALSY CHILDREN

Physiotherapy in the Avenue School

Mrs. M. Antscherl reports as follows:—

It has been a hard and rewarding year of progress for the physically handicapped children at the Avenue School. Treatment numbers rose from 37 to 42 and are exclusive of those children who were on short term guidance and treatment within the year. As time goes on these figures are likely to increase with new entrants to the delicate and cerebral palsy departments, and any children from the educationally subnormal school who may require physical therapy.

Children who are discharged are seen at least once a term and more often if need be. In this way treatment can be resumed if the necessity arises.

Others who have progressed to their maximum physical accomplishment are placed on a maintenance basis, checked up and given help about once a month. This encourages them to keep well, stimulates their interest and keeps them under surveillance.

All children are seen regularly by the visiting doctors, and about once a term by Mr. Squire who may perform operation where benefit can be derived.

Cases under treatment

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Cerebral Palsy	8	9	17
Respiratory diseases . . .	4	3	7
Postural cases	7	2	9
Foot deformities	3	—	3
Deformities post polio . .	4	—	4
Undiagnosed encephalopathy .	1	—	1
Dermatomyositis	1	—	1
	<hr/> 28	<hr/> 14	<hr/> 42

Cerebral Palsy

Of the 17 afflicted children, 1 boy and 5 girls are in the special C.P. unit which caters for the young spastics. A boy of six years not yet attending school, also receives regular treatment.

Satisfactory improvement in functional activity with more independence has made these children tougher and happier than before. Some are now able to walk short distances unaided and all are ambulant. Not one is confined to a wheelchair. All are able to feed and assist themselves in varying degrees sufficiently to lighten the physical burden on their parents and families.

Much use is made of the stairs and slope, the static bicycle, walking bars and walking machine.

This year, surgical intervention was carried out by Mr. Squire on two children:

(1) D.W., a boy aged 11 with severe contractures of both knees. He was unable to straighten up and walk or take weight on his legs, he could only crawl. There was negligible disability of other limbs. In December 1960 tendon transplants were carried out. In September 1961 he was discharged from hospital and returned to school. He can now, with aid, straighten up reasonably well, and uses a walking machine. He has also been provided with a walking machine for home use.

(2) L.I., a girl aged 8. In November 1961 neurectomy was performed to both legs. In January 1962 she was equipped with booties and leg irons to support her ankles which were subluxated, and to correct eversion of both feet. This gave her better stabilisation. Although hip and knee flexion with adduction remain, she gets along quite happily either holding on, or with some other assistance.

Another little girl aged 7 years, E.D., has just been put into plaster of paris walking splints. Hers is an interesting case as she is severely affected in speech too.

In May 1960, when supported, she could only rise on to her toes with a gap between her heels and the floor of $2\frac{1}{2}$ inches. To preserve tactile sense and stimuli along both feet, her shoes were wedged and correctly balanced up. By April 1961 this distance was reduced to $\frac{1}{2}$ an inch and accordingly wedged. In December 1961 she could get into ordinary lace-up walking shoes with a normal heel, but in walking still rose up on to her toes. She is now in corrective walking splints, which it is hoped will maintain the good positioning of her feet when walking, after the splints are removed.

H.G., a boy aged 7 years, suffering from hydrocephalus, was transferred to the training centre after a trial period in the C.P. unit.

Posture Cases

Taking an overall picture these children responded very satisfactorily to treatment. Three of the E.S.N. schoolboys are on treatment once a week and two girls are on once a month therapy for maintenance. Other patients come twice a week. They all keep up their home exercises, more or less, depending on their mental limitation and home environment.

Respiratory Group

- (a) Asthma
- (b) Bronchiectasis
- (c) Bronchitis

There has been good attendance of all "chest" cases with comparatively little absenteeism.

All the children have achieved a good level of chest mobility and expansion with good ventilation both localised and general.

They are grouped into (i) Daily cases which usually require postural drainage and (ii) those who are well enough for two or three weekly treatments to suffice. Relaxation and posture correction are included in the exercises. Home breathing exercises are carried out each evening by the children as routine. At school, activity tolerance is built up, with control of breathing after effort. This helps these children to compete in some games without being placed at too great a disadvantage.

Poliomyelitis

Two cases mentioned in my last report: R.M., a boy aged $12\frac{1}{2}$ who is still overweight but reducing slowly. All muscle power and posture have improved well enough for the most recent hospital report to state their opinion for a considered lumbar spine operation to be no longer necessary. M.E., aged 12, a partially deaf boy, who was transferred from the George Palmer Partially Deaf Unit to the Avenue School in September 1961. He is in a spinal brace for correction of his severe scoliosis. At a later date spinal fusion may be performed.

Two other old standing cases are now being given therapy, but as yet it is too early to report on these two boys.

Foot Deformities

D.T., aged 13, with pink disease who received successful tendon transplant on one deformed foot, is to be considered for future operation on the other deformed foot.

P.B., aged 10, a partially deaf boy after meningitis, who had bilateral foot operation for mild dropped feet, has no difficulty at all and comes for check-up and maintenance treatment once a month.

D.W., aged 14, a diplegic spastic boy is much happier since his big toes were operated on. As a result his other toes are not so deformed or painful and his walking activity have improved.

Other Cases

G., a boy aged 11 years, with mild paresis after an accident when he was 3½ years old. He is seen once a term and is quite competent.

P.S., aged 12 years, is an undiagnosed encephalopathy with spastic symptoms of limbs. This boy attends school afternoons only. There has been some slow deterioration in this lad's condition over the past year. Everything is being done to keep him as active as possible, and to try to slow down the progression of his disability.

A.B., a boy aged 11 years, diagnosed as dermatomyositis, who attends school afternoons. Good steady improvement has been achieved by this boy, with better range of movement in all affected joints. He is stronger and more active, and joins in more games with other children. His walking is better and recently he has displayed some self assurance.

Facilities, Equipment and Apparatus are as before. In addition, in 1961, adjustable walking bars for the spastic unit were erected on the play terrace outdoors to encourage fullest activity in the better weather.

THE SCHOOL DENTAL SERVICE

Mr. J. Campbell, L.D.S., R.C.S., reports:—

There has been no improvement in the staffing position during the past year. The fact that there is only one full-time officer tends to reduce the service to one of pain relieving. Routine inspection, however, was carried out in 16 schools and 52.1% of the children were found to require treatment.

The number of entrant infants inspected was 249, of whom 129 required treatment.

Tilehurst Clinic has been worked on a part-time basis covering Park Lane, St. Michael's, Norcot and Grovelands Schools. I am pleased to report that the attendance at the Clinic continues to be very good indeed.

In September I paid a visit to New Cross Hospital where a department has been set up for the training of "Dental Auxiliaries". It was a most interesting visit. The course is two years and the girls are being trained to perform simple dental operations, but work entirely under the direction and supervision of a registered Dental Officer. The impression I gathered was that their training, in the limited sphere they are allowed to cover, is very thorough and that when they have passed their final examination they should be extremely useful, performing dental work on the deciduous teeth of small children.

Under the present circumstances of staff shortage of fully qualified Dental Officers, I am in favour of employing one as soon as possible.

Dentures

Thirteen dentures were supplied, and repairs to existing dentures on eight occasions.

Orthodontics

Twenty new cases were commenced during the year and nineteen carried forward from the previous year. Fifteen removable and five fixed appliances were fitted. Repairs to appliances were very few, numbering only three. As usual, there were many applications for orthodontic treatment but the cases accepted were those with irregularities causing a functional disorder in mastication or speech and those for appearance only, or very slight displacement were not undertaken.

Oral Hygiene

In this section, 1,562 cases were treated, making 1,578 attendances. Out of this number, 979 children required further treatment and 583 required clean and

polish only. Pre-school children numbered 17 and scholarship pupils from Christ's Hospital, Bluecoat School and St. Joseph's Convent, amounted to five.

This service is an extremely useful part of the work and it is especially so, in cases of mentally handicapped pupils from the Occupation Centre, who attend almost without failure.

The following tables supply details of treatment:

Number of pupils on School Register	19,233
(1) Number of pupils inspected:—	
(a) Periodic	3,429
(b) Specials	758
	<hr/> 4,187
(2) Number found to require treatment	2,547
(3) Number offered treatment	2,547
(4) Number actually treated	1,687
(5) Number of attendances made	3,666
(6) Half-days devoted to:—	
(a) Inspection	16
(b) Treatment	354
	<hr/> 370
(7) Fillings:	
(a) Permanent Teeth	2,054
(b) Temporary „	243
	<hr/> 2,297
(8) No. of Teeth filled	
(a) Permanent Teeth	1,687
(b) Temporary „	240
	<hr/> 1,927
(9) Extractions:—	
(a) Permanent Teeth	356
(b) Temporary „	882
	<hr/> 1,238
(10) Administration of General Anaesthetics	453
(11) Orthodontics	
(a) Cases commenced during year	20
(b) Cases brought forward from previous year	19
(c) Cases completed during year	4
(d) Cases discontinued during year	1
(e) Pupils treated with appliances	20
(f) Removable appliances	15
(g) Fixed appliances	5
(h) Total attendances	234

(12) Number of pupils supplied with dentures	13
(13) Other operations:—	
(a) Permanent Teeth	452
(b) Temporary Teeth	86
	<hr/> 538 <hr/>

This table details the treatment given to scholarship pupils attending non-Council Schools. Patients from the Occupational Training Centre, have been included.

	No. Treated	No. Attend- ances	No. Extract- tions	No. Fillings	No. Anaesthe- tics	No. Dischar- ged
Christ's Hospital	4	11	3	7	1	4
Bluecoat School	2	8	1	6	1	2
St. Joseph's Convent	2	8	—	—	5	2
Training Centre	16	40	31	3	15	14

INFECTIOUS DISEASES

1. Tuberculosis in Schoolchildren Nine children, six boys and three girls, who attend maintained schools, were notified as cases of tuberculosis in 1961. In eight of these, the site of infection was in the lungs. There was no evidence that any of these infections had been acquired at school.

2. B.C.G. Vaccination

During the year 1,542 children received B.C.G. The results are shown below:

B.C.G. VACCINATIONS—1961

Year of Birth	No. selected	No. accepted	%	Absent	Skin tested	Pos.	Neg.	Abs.	% Pos.	Received B.C.G.
1946	57	57	100	—	57	1	56	—	1.75	56
1947	1,373	1,006	73.27	72	934	51	872	11	5.52	870
1948	926	715	77.21	54	663	43	617	3	6.51	616

We have continued to participate in the scheme under the directorship of Dr. K. Neville Irvine, to assess the potency of batches of the British freeze-dried B.C.G. vaccine now in use. It is now customary to refer any child showing a positive result at the initial Heaf tuberculin test for chest radiography.

3. Ringworm

M. Canis infection is endemic in the Whitley area of the town and every few years the number of children infected reaches epidemic proportions. 1961 was such a year, when 22 cases were reported at the Northumberland Avenue Clinic; the previous occasion being 1958, when 18 cases were reported. The intervening years produced relatively few cases:—

1957	—	
1958	18	(Scalp infection = 9)
1959	9	(" " = 4)
1960	5	(" " = —)
1961	22	(" " = 11)

During the 1961 "epidemic" all cases of scalp involvement were confirmed by Wood's light. Also hairs were sent to the London School of Hygiene and Tropical Medicine but only few results were positive, probably because many children were late in reporting to the clinic and the infection was on the wane due to treatment by the family doctor. All cases of infected scalp were referred to the Royal Berkshire Hospital Skin Clinic so that Griseofulvin therapy might be instituted and return to school or nursery school expedited.

There are a great many animals in Whitley, rabbits, cats and dogs, both domesticated and stray, but it has never been possible to trace the source of *M. Canis* infection, despite examination under the Wood's lamp of pets owned by infected children. As in previous years, a considerable proportion of the infected children were related; five households produced 11 of the cases.

4. Pediculosis

The school nurses made 29,962 head inspections during the year and found evidence of pediculosis in 277 pupils. This incidence of infestation was 11 per cent. greater than that found last year. Cleansing notices were issued in 12 cases.

DEATHS IN SCHOOL CHILDREN

Eleven Reading children of school age died during the year, six boys and five girls.

Three of the deaths were accidental; a boy of 10 died as a result of drowning, two girls, aged 5 and 9 respectively, died as a result of road accidents.

Three children died from leukaemia, two boys aged 6 and 10 and a girl of 9 years. Three children died from pneumonia, a boy of 5 and two girls aged 12 and 9 years respectively. Of the other two boys, one of 11 years died as a result of infective hepatitis and the other, aged 14 years, died from the effects of a congenital abnormality of his kidneys.

SPECIAL CLINICS

1. Minor Ailments Clinics

Nine hundred and seventy-three children received treatment from the S.M.O.s or school nurses at these clinics. The types of cases seen most frequently were cuts, bruises, skin diseases and minor eye troubles. Children requiring further treatment were referred to their family doctor or in some cases (for example fractures) to the Casualty Department at Battle Hospital. Where a medical officer attends a Minor Ailment Clinic regularly the clinic is often used for special examinations at the request of parents, teacher or nurse.

2. Remedial Exercises

Remedial exercises for such defects as bad posture and flat feet were supervised at Queen's Road and at Whitley Clinics for 34 pupils.

3. Ultra-Violet Light Therapy

This is now available at Queen's Road, Whitley and Tilehurst Clinics. It is most often recommended for general debility and catarrhal conditions and is sometimes used for skin disorders such as psoriasis. Twelve children received an average of 90 minutes each.



CHIROPODY CLINIC

4. Chiropody Clinic

Miss Lockley reports as follows:—

Since taking over the Clinic in November, 21 children have attended for treatment.

The majority of the children were referred to the Clinic after routine medical inspection at school. Roughly half of those who attended were treated for verruca pedis. The remainder were found in most cases to be suffering from various degrees of hallux valgus, and deformities of the lesser toes. The co-operation in the treatment of these cases of both children and parents has been very encouraging, though it is rather early to report any very positive results.

Most cases of hallux valgus occurred in girls in their teens, many of those seen being in their last year at school. All the girls were found to be wearing the casual, slip-on type of shoe, with an extremely pointed toe—undoubtedly the main cause of the condition. The hazards of continuing to wear this style of shoe were stressed very strongly, but it is doubtful whether such advice would be heeded by these very “fashion conscious” teenagers.

5. Enuresis Alarm

A short discussion was given in last year's report of the use of this alarm and of our criteria for the selection of cases. During the year seven children were treated with the apparatus; in three cases no significant improvement was obtained in their condition; in the others definite benefit appeared to result from the use of the apparatus.

HEALTH EDUCATION, COURSES AND MEETINGS

At regular intervals throughout the year meetings are held between the S.M.O.s and the staff of the Paediatric Department of the hospital. Four such meetings took place during 1961 and the cases of 68 children of mutual interest were brought forward for discussion.

One S.M.O. attended the new Bristol course of instruction on mental deficiency and the ascertainment of E.S.N. children, and another Assistant M.O. attended the Ruth Griffiths' Course in London on the developmental testing of other handicapped children.

Miss Webber comments as follows on the parentcraft course in secondary schools:—

This course has continued in the Secondary Modern Schools throughout the year. The demand has been heavy and there has been much juggling with the schools' curriculum in order to fix times suitable to all concerned. However, the effort has been very worthwhile for it is interesting to note that pupils who received such a course in the past are now going to mothercraft classes in the Welfare Clinics.

Our health visitor/school nurse takes part in the curriculum of the school and attends a session regularly throughout the year.

Five health visitor/school nurses have taken part in the group teaching and 153 talks have been given. I would like to take this opportunity to thank Miss Mason, Housecraft Organiser, for all her help during the year.

An interesting experiment which will, I hope, be continued in the coming year is the participation in Further Education Evening Classes at the Reading Technical College of one health visitor. One health visitor/school nurse has taken part in three courses of lectures organised at the Technical College. She has given talks on Health and Hygiene; Care of the Hair; and Good Grooming.

SCHOOL MEALS SERVICE

The following report has been received from Mrs. P. E. Cook, the School Meals Organiser:—

The percentage of children eating dinner at maintained schools continues to increase and reached 51.75% in September. This is the highest percentage up to the present time. The total number of meals served on a day in September was 10,780.

Two new kitchens were opened during the year—Manor Junior School Canteen was built with a capacity to supply 200 meals a day, and opened on July 10th, 1961. This kitchen is well ventilated, well lit and has an attractive dining room. At the present time, 150 meals are served to the Junior School and approximately 50 meals are taken by trolley across the playground to the Infants' School. This scheme is running very satisfactorily.

A new kitchen was opened at St. Anne's Roman Catholic Primary School, Caversham, on September 10th, 1961. A classroom has been converted into a canteen kitchen with a capacity of 150 meals daily. This kitchen is now serving approximately 175 meals a day. The school hall is used for dining and it looks most attractive when the tables are laid for dinner.

There has been an increase in the number of children taking meals in Katesgrove Infants' School and the existing arrangements had become difficult. A separate dining room and wash-up has now been provided, which was opened on November 27th, 1961, and this has meant a great improvement in the conditions.

Food supplies were fairly normal throughout the year, the one exception being apples, which became too expensive for use after the end of November. This ingredient has been missed from the menu as such a large variety of dishes can be made with it. Tinned and dried fruit has had to be substituted for apples in order to try to give more variety of menu.

Miss Johnson, who has been the Assistant School Meals Organiser for the last 15 years, resigned this post for a less arduous one during the summer. She will be missed by both School Meals and Teaching staff. Her work has been invaluable in the building up of a really good staff of approximately 400 members.

The value of the work done by teachers who supervise dinners has been much in mind during the year. The children's education is widened in some schools to include the education of their palates. Table manners have improved where teachers sit at the tables with the children. This progress could not have been made without the teachers' co-operation and interest.

PHYSICAL EDUCATION

The Organisers of Physical Education report:—

In previous reports the Organisers have drawn attention to the changing concepts on physical education and have mentioned the steps taken in Reading during the past few years to encourage modern thought and ideas. On balance it would appear that more has been done in the junior schools than in the secondary departments, primarily because there was more room for improvement in the former where modernisation could be carried out economically in existing buildings. To this end, climbing frames were installed in four primary schools during the year. So far as the secondary schools are concerned, however, there is no simple solution and usually the various schemes and ideas that ought to be developed have had to be set aside for reasons of finance. Nevertheless it is no longer possible to disregard the modern approach to the subject as it is being carried out in various areas principally because, in our view, it is endeavouring, and succeeding, in relating the needs of adolescents, youths and adults and is providing the necessary indoor and outdoor facilities for their use.

The present gymnasium is a highly specialised piece of apparatus to be used only by qualified staff and, in consequence, its use out of school hours by youth groups and adults is considerably limited. It is equipped primarily for gymnastics; a recreation that is seldom practised by adults who prefer a more game-like form of recreation—major team games, tennis, badminton, etc. To meet this demand, in various areas the gymnasium is being replaced by a games hall of much larger dimensions where football training can be carried out, where indoor tennis can be played or where several badminton courts can be marked side by side. These halls, while satisfying the general requirements of the schools, are admirably suited for use by youth groups and adult organisations for a wide variety of recreational pursuits, and so serve a much wider section of the public than do the present-day gymnasia. There is great need for such facilities in Reading and a games hall has been suggested for the new Alfred Sutton Boys' School.

Out of doors there has been marked development in a wider variety of activities and especially in those that will offer recreational enjoyment after leaving school and into adult life—walking, camping, rock-climbing, sailing, canoeing, etc.

Camping Course

Following the success of the seven-day camping course in Reading in August, 1960, a more ambitious programme has been carried out for 60 boys from seven of our secondary schools at Wareham, on a site conducted by Dorset Education Committee. This course was lengthened to fourteen days and during that time the boys received strenuous coaching in expedition training on foot and by canoe. Six members of staff accompanied the boys and, of these, four teachers attended a special course of training conducted by The Central Council of Physical Recreation in the Welsh Mountains during the Easter vacation.

Swimming

The number of school attendances recorded at the public baths was approximately 56,000, some 9,000 less than in the previous year. This was due partly to the adverse weather conditions for outdoor swimming during the Summer Term and partly to the protracted closure of the indoor bath for cleaning and overhaul. It is disappointing that the increased interest in this subject is still frustrated by the lack of facilities.

A new indoor learners pool was opened at Geoffrey Field Junior School during the year and added much to the success of the swimming programme. Plans have been approved for an indoor pool at Grovelands School and already a certain amount of work has been carried out by the parents. It is interesting to note the results achieved at the schools where this type of bath is available:—

Emmer Green—	55% of Junior Department and 80% of leavers able to swim.
The Hill—	75% of Junior Department and 80% of leavers able to swim.
Geoffrey Field—	All but 2 of 119 leavers able to swim.
Southcote—	50% of total school able to swim and 80% of leavers able to swim.

The pools at Geoffrey Field and Southcote were opened in the evenings for organised classes and over 200 learners attended the former and 120 beginners received additional coaching at the latter school.

Again we are grateful to the Headmistress, Queen Anne's School, for the use of the bath at the School.

Playing Fields

New grounds were taken over at Ashmead and Southlands and contracts were placed to provide an athletic area at Hugh Faringdon where, for the first time,

adequate jumping facilities are to be constructed on one of our playing fields. These facilities should be included in the capital expenditure when all new fields are prepared. Six hard tennis courts were brought into use at Southlands and it is hoped that future plans will include similar plans for Ashmead and an extension of the present courts at Kendrick. Work is expected to begin soon on playing fields for Caversham Primary, Emmer Green, St. Anne's, The Manor and the Oliver Dixon site.

The high standard of maintenance has been continued by the ground staff and their success in this is particularly praiseworthy in view of the increased use being made of the playing fields during school hours and the greater numbers of matches being played on them out of school hours.

There are many who have contributed directly and indirectly to the organisation of physical education in our schools; their contributions have been much appreciated.

ROAD ACCIDENTS

We are indebted to Mr. A. Iveson, the Chief Constable, for the information on which the following remarks are based:—

During the year there was again a slight increase of three casualties compared with those of the previous year. There were regrettably two fatal accidents. A girl of 9 alighted from a bus, ran across the road and was knocked down by a car travelling in the opposite direction to the bus, and a girl of 5 ran into the path of a passing motor cycle. It is usual for boys to outnumber girl casualties and in the year 1961 it will be seen that the proportion is a little over 2 to 1.

This year it is interesting to note that there is a reversal of the usual situation, in that the number of accidents to child cyclists was considerably less than those to pedestrians and, in fact, the total number of accidents to child cyclists was much smaller than in 1960. This suggests that the instruction in the art of safe cycling which has been organised for the schoolchildren is beginning to show results.

Analysis of Road Accidents for the year 1961 involving Children of School Age.

Month	Boys	Girls	Cy- clists	Pedes- trians	Pass- engers	Injury			Total
						Slight	Serious	Fatal	
January	3	2	2	3	—	5	—	—	5
February	—	4	1	3	—	2	1	1	4
March	7	1	3	5	—	5	3	—	8
April	8	2	3	7	—	8	2	—	10
May	7	2	4	5	—	8	1	—	9
June	9	3	6	4	2	10	2	—	12
July	2	3	2	3	—	3	2	—	5
August	4	5	2	6	1	8	1	—	9
September	6	2	4	4	—	6	2	—	8
October	11	5	8	7	1	14	1	1	16
November	4	1	3	2	—	3	2	—	5
December	3	2	—	5	—	4	1	—	5
Totals	64	32	38	54	4	76	18	2	96

STATISTICAL DATA

PART I

Medical Inspection of pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools).

(A) Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	279	279	100	—	—
1956	925	925	100	—	—
1955	740	740	100	—	—
1954	104	104	100	—	—
1953	230	230	100	—	—
1952	83	83	100	—	—
1951	73	73	100	—	—
1950	541	539	99.63	2	.37
1949	1,145	1,142	99.73	3	.26
1948	187	187	100	—	—
1947	891	890	99.89	1	.11
1946 and earlier	1064	1064	100	—	—
Total	6,262	6,256	99.9	6	.10

(B) Pupils found to require treatment at Periodic Medical Inspections

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1957 and later	1	18	17
1956	20	100	100
1955	29	108	106
1954	4	18	16
1953	7	22	23
1952	4	24	18
1951	2	20	17
1950	19	39	48
1949	61	111	155
1948	31	25	49
1947	46	45	85
1946 and earlier	94	81	157
Total	318	611	791

(C) Other Inspections

Number of Special Inspections	...	...	...	113
Number of Re-inspections	...	...	...	1,492
			Total	1,605

(D) Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	29,962
(b)	Total number of individual pupils found to be infested	...	...	...	277
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	...	...	...	12
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	—

PART II

Defects found by Medical Inspection during the year.

(A) Periodic Inspections

Defect or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	29	19	39	36	34	33	102	88
Eyes— <i>a.</i> Vision	86	60	117	66	115	69	318	195
<i>b.</i> Squint	49	13	9	5	18	7	76	25
<i>c.</i> Other	5	1	2	7	6	12	13	20
Ears— <i>a.</i> Hearing	22	65	4	7	5	18	31	90
<i>b.</i> Otitis Media	6	27	—	7	3	20	9	54
<i>c.</i> Other	4	2	5	2	6	5	15	9
Nose and Throat	75	76	6	10	30	31	111	117
Speech... ..	22	21	3	2	12	12	37	35
Lymphatic Glands	1	2	—	2	1	3	2	7
Heart	—	4	1	5	5	12	6	21
Lungs	12	40	3	21	8	26	23	87
Developmental— <i>a.</i> Hernia... ..	—	6	1	2	3	3	4	11
<i>b.</i> Other	5	11	3	7	15	24	23	42
Orthopaedic— <i>a.</i> Posture	6	4	5	7	23	9	34	20
<i>b.</i> Feet	9	9	8	3	17	14	34	26
<i>c.</i> Other	7	20	16	25	31	24	54	69
Nervous System— <i>a.</i> Epilepsy	2	2	3	—	3	7	8	9
<i>b.</i> Other... ..	—	1	1	3	3	8	4	12
Psychological— <i>a.</i> Development	—	22	—	2	6	63	6	87
<i>b.</i> Stability	4	15	3	2	5	19	12	36
Abdomen	2	3	1	—	—	2	3	5
Other	1	4	—	—	3	2	4	6

(T)=Treatment

(O)=Observation

(B) Special Inspections

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	—	3
Eyes— <i>a.</i> Vision	—	4
<i>b.</i> Squint	—	2
<i>c.</i> Other	—	—
Ears— <i>a.</i> Hearing	—	—
<i>b.</i> Otitis Media	—	1
<i>c.</i> Other	—	1
Nose and Throat	1	4
Speech	—	1
Lymphatic Glands	—	—
Heart	—	1
Lungs	1	1
Developmental— <i>a.</i> Hernia... ..	—	—
<i>b.</i> Other	—	—
Orthopaedic— <i>a.</i> Posture	1	1
<i>b.</i> Feet	—	—
<i>c.</i> Other	—	—
Nervous System— <i>a.</i> Epilepsy	—	—
<i>b.</i> Other	—	—
Psychological— <i>a.</i> Development	—	—
<i>b.</i> Stability	2	4
Abdomen	—	—
Other	—	—

PART III

Treatment of pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools)

(A) Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	855
Total	860
Number of pupils for whom spectacles were prescribed ...	344

(B) Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis	292
(c) for other nose and throat conditions	4
Received other forms of treatment	1
Total	306
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) In 1961	11
(b) In previous years	60

(C) Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	34
(b) Pupils treated at school for postural defects	—
Total	34

(D) Diseases of the Skin

	Number of cases known to have been treated
Ringworm—(a) Scalp	12
(b) Body	17
Scabies	3
Impetigo	43
Other skin diseases	228
Total	303

(E) Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	161

(F) Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	293

(G) Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	973
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	1,542
(d) Pupils who received U.V.L. therapy	12
Total	2,532

Cases of Infectious Disease in School and Pre-School Children for the year 1961

Disease	At All Ages	Under 1 year	1 and under 3 years	3 and under 5 years	5 and under 10 years	10 and under 15 years
Scarlet Fever... ..	56	—	2	12	28	14
Whooping Cough	45	3	17	11	11	3
Measles	1707	50	388	495	743	31
Acute Pneumonia (Primary or Influenzal) ...	14	3	3	2	5	1
Acute Poliomyelitis (Paralytic) ...	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—
Enteric or Typhoid Fever (excluding Paratyphoid) ...	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—
Dysentery	28	1	4	8	14	1
Meningococcal Infection	—	—	—	—	—	—
Acute Encephalitis (Infective) ...	—	—	—	—	—	—
Acute Encephalitis (Post-Infectious)	—	—	—	—	—	—
Totals	1850	57	414	528	801	50

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